

State Of Connecticut, Department of Social Services

SBCH Program – Random Moment Time Study (RMTS)

User Guide

June 2016
Reimbursement & CON
Updated 6/30/16

The School Based Child Health Medicaid program (SBCH) is the mechanism by which the Local Educational Agency (LEA) may seek Medicaid reimbursement for Medicaid-related health-care services when provided to an eligible student pursuant to the student's Individualized Education Program (IEP) or section 504 plans. The SBCH also provides a means for LEAs to seek federal reimbursement for expenditures related to administrative activities that are included in the SBCH provider agreement that are related to the state's Medicaid program. The Random Moment Time Study (RMTS) is a CMS approved time study allocation methodology. The RMTS process identifies the portion of time that staff from each participating LEA spends performing Medicaid reimbursable tasks under the SBCH Program.

This guide provides step-by-step instructions for completing the RMTS. Included in this guide is information pertaining to:

- The RMTS process
- District responsibilities to participate in the RMTS
- Determining RMTS participants
- Obtaining and updating a User ID and password for participants
- Resetting forgotten passwords
- Entering data
- Understanding RMTS deadlines
- Accessing reports for compliance monitoring
- Contacting the University of Massachusetts Medical School (UMMS) for systems assistance

Contact Information

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Random Moment Time Study (RMTS)

The Random Moment Time Study (RMTS) quantifies the work of a statewide group of health professionals and support staff involved in the delivery of medical and health-related services provided through the SBCH Medicaid program by randomly sampling moments of time of work efforts of these individuals. The RMTS is completed on line using the statewide RMTS system administered by the University of Massachusetts Medical School (UMMS). The RMTS does not replace the requirement to document direct medical services provided to students.

The RMTS is conducted for each quarter of the instructional school year. No time study is conducted during the months of July-September.

Q#2 October 1st – December 31st

Q#3 January 1st – March 31st

Q#4 April 1st – June (the last day of school for the district)

An outline of the RMTS process follows below.

- The district RMTS coordinator enters district-wide calendars and staff hours into the RMTS system on-line prior to August 15th of each year. Calendars are updated with any changes to the last day of school prior to March 1 each year.
- The district RMTS coordinator uploads the list of eligible RMTS participants into the UMMS system 30 days prior to the start of the quarter.
- RMTS participants receive passwords from the RMTS system via email. Participants, moment dates and times are randomly selected from the statewide pool through the RMTS system.
- Participants receive notification of moments from the RMTS system at the time of the moment. Per CMS requirements, participants are not allowed any advanced notification of moments.
- Participants login to the RMTS system and respond to the questions within the two calendar-day grace period.
- Participants will be contacted as needed by UMMS for clarification of answers.
- Participants receive follow-up email reminders from the RMTS system if data is not entered 4, 24, and 28 hours after the moment and 12 hours prior to the expiration of

the moment. The participant's supervisor and the district RMTS coordinator are copied on emails sent 28 hours after and 12 hours prior to the expiration of the moment.

- After two calendar days, the participant will not be able to complete or edit the moment.
- Quarterly statewide time study results are calculated by UMMS and provided to DSS and providers for compliance monitoring.

SBCH Participating District Responsibilities

Each district is responsible for completing the following tasks to ensure that the RMTS process is successfully completed.

- Step 1:** Designate a time study coordinator for all communication between UMMS, DSS, and the school district. Using the RMTS Coordinator Designee Form (see Appendix A for form), this information should be sent to DSS at dss.sbch@ct.gov and to UMMS at schoolbasedclaiming@umassmed.edu.
- Step 2:** Prior to the start of the school year, provide group names to UMMS for the upcoming school year (if changes are necessary). If no changes are needed, enter the district school year calendar information into the online UMMS RMTS system.
- Step 3:** The district RMTS coordinator identifies the personnel who are eligible to participate in the time study.

Participants may only be included in 1 of the following 3 provider pools. All providers must meet the qualifications as outlined in the Medicaid SBCH Program User Guide in the section "Provider Titles and Qualifications".

- Administrative Only Providers;
- Nursing, Psychological and Medical Services Providers; and
- Therapy Services Providers

Direct Service Providers

- Include personnel who meet the credentialing qualifications outlined in the Provider Titles & Qualifications table (see Appendix B) **and** who will be **reasonably expected as a part of their current job duties** to **provide** Medicaid-covered, IEP-related (or section 504 plan listed) direct medical services to students (Medicaid eligible and/or non-Medicaid eligible) in the quarter being requested.

- Include Medicaid Billing Personnel who will be reasonably expected as part of their current job duties to perform SBCH Medicaid billing functions in the quarter being requested.
- Individuals who are 100% federally funded or are contracted providers of the district must be **excluded** from the RMTS.
- The following outlines the provider titles which fall into the Direct Service Provider categories, Pool 2-Nursing, Psychological & Medical Service Providers and Pool 3-Therapy Service Providers.

Nursing, Psychological & Medical Service Providers

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Alcohol and Drug Counselor, Claiming▪ Licensed Professional Counselor, Claiming▪ School Counselor, Claiming▪ Nurse (APRN), Claiming▪ Nurse (LPN), Claiming▪ Nurse (RN), Claiming▪ School Nurse, Claiming▪ Medicaid Billing▪ Optometrist, Claiming▪ Physician, Claiming▪ Physician Assistant, Claiming | <ul style="list-style-type: none">▪ Psychiatrist Licensed, Claiming▪ Clinical Psychologist, Claiming▪ School Psychologist, Claiming▪ Naturopathic Physician, Claiming▪ Licensed Clinical Social Worker, LCSW, Claiming▪ School Social Worker, Claiming▪ School Marriage and Family Therapist, Claiming▪ Marital and Family Therapist, Claiming |
|---|---|

Therapy Service Providers

- Assistive Technology Consultant, Claiming;
- Audiometrist, Claiming
- Audiologist, Claiming
- Behavior Technician, Claiming
- Board Certified Behavior Analyst (BCBA), Claiming
- Board Certified Assistant Behavior Analyst (BCaBA), Claiming

- Licensed Hearing Instrument Specialist, Claiming
- Licensed Speech and Language Pathologist, Claiming
- Occupational Therapist, Claiming
- Occupational Therapy Assistant, Claiming
- Personal Care Assistant, Claiming
- Physical Therapist, Claiming
- Physical Therapist Assistant, Claiming
- Respiratory Care Practitioner, Claiming

Administrative Only Participants

- Include health personnel who meet the provider qualifications outlined in the Provider Titles & Qualifications table (see Appendix B) and complete reimbursable Medicaid administrative tasks, such as Medicaid outreach and facilitating Medicaid Eligibility and Enrollment or qualified providers who do not submit claims through Medicaid, but perform Medicaid reimbursable administrative tasks. Individuals in this pool may include district support staff.
- Individuals who are 100% federally funded or are contracted providers of the district must be **excluded** from the RMTS.
- Below are providers who typically fall into Pool 1- Administrative Only Providers.

Administrative Only Providers

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Special Education Director, Administrator or Assistant ▪ Special Education Department Support personnel ▪ Medicaid Coordinator/Clerk ▪ Therapy Department Director, Administrator or Assistant ▪ Therapy Department Support personnel ▪ Pupil Services Personnel, Director ▪ Pupil Services Support personnel ▪ Audiologist, Licensed, Admin only ▪ Audiologist Assistant, Admin only ▪ Alcohol & Drug Counselor, Admin only ▪ Assistive Technology Consultant, Admin only ▪ Licensed Professional Counselor, Admin only ▪ School Counselor, Admin only ▪ Licensed Clinical Social Worker (LCSW), Admin only ▪ Licensed Hearing Instrument Specialist, Admin only ▪ Nurse (APRN), Licensed, Admin only ▪ Nurse (LPN), Licensed, Admin only ▪ Nurse (RN), Licensed, Admin only ▪ Behavior Technician, Admin only ▪ Board Certified Behavior Analyst (BCBA), Admin only ▪ Board Certified Assistant Behavior Analyst (BCaBA), Admin only | <ul style="list-style-type: none"> ▪ School Nurse, Admin only ▪ Occupational Therapist, Admin only ▪ Occupational Therapy Assistant, Admin only ▪ Optometrist, Admin only ▪ Physical Therapist, Admin only ▪ Physical Therapist Assistant, Admin only ▪ Physician, Admin only ▪ Physician Assistant, Admin only ▪ Psychiatrist, Licensed, Admin only ▪ Clinical Psychologist, Admin only ▪ School Psychologist, Admin only ▪ Naturopathic Physician, Admin only ▪ Respiratory Care Practitioner, Admin only ▪ School Social Worker, Admin only ▪ Speech & Language Pathologist Assistant, Admin only ▪ Licensed Speech & Language Pathologist, Admin only ▪ Marital & Family Therapist, Admin only ▪ School Marriage and Family Therapist, Admin only ▪ Personal Care Assistant, Admin only |
|--|--|

Administrative activities that are reimbursable under the SBCH program include:

Medicaid Outreach: Performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it;

Facilitating/Assisting in the Medicaid (HUSKY) Application Process: Assisting individuals in applying for Medicaid;

Provider Networking/Program Planning/Interagency Coordination: Performing activities associated with the development of strategies to improve the coordination and delivery of

Medicaid-covered services to school-age children, and performing collaborative activities with other agencies regarding Medicaid-covered services;

Individual Care Planning, Monitoring, Coordination and Referral: Making referrals for, coordinating, training on and/or monitoring the delivery of Medicaid-covered services; and

Arrangement of Transportation and Translation Related to Medicaid Services: Assisting an individual to obtain Medicaid-covered transportation or translation services.

Step 4: The district RMTS coordinator prepares and uploads (or extracts and uploads from the UMMS system) the quarterly RMTS participant list.

RMTS participant files must be uploaded approximately 30 days before the start of each quarter, even if no changes are necessary. The “Quick Guide to Uploading RMTS Participants” (see Appendix C) document is a helpful resource to extract and upload the RMTS participant lists for the district RMTS coordinator.

It is important to review the information for each participant on the list to ensure that it is accurate for the quarter being uploaded. By including a participant on the list, the district is certifying that he/she has the qualifying credentials for the job description listed and is reasonably expected to provide/perform Medicaid-covered, IEP-prescribed, direct medical services, Medicaid-related administrative activities, or SBCH Medicaid billing services for the quarter being requested.

On-line Training for RMTS Participants

On-line training is available for time study participants at the UMass RMTS website provided in the email sent to the RMTS participant. The on-line training must be completed by participants one time every 365 days. It is therefore, good practice to have participants log on prior to the start of the quarter to ensure that their credentials allow them access to the site, that they are able to access the system, and that they have adequate time to complete the required training before moments are issued. To review the module:

Step 1: After logging in, click “Online Training” in the left navigation.

Step 2: Select “SBCH RMTS Participant Training”, click on “play” and follow the instructions as presented in the self-guided module.

Step 3: Once the training module is completed or is closed prior to completion, the following screen will appear. Click on the button that indicates whether or not the RMTS training has been completed then click submits.

On-line Training Management Reports

Training reports are available that indicate those participants who have access the training module. A sample of the reports may be found in Appendix D.

1. **Training Documents Viewed Report:** This report lists all participants who have viewed the online training module. It includes the time study participant's name, employee ID number, job type, job description, job code. Module name, and the date and time that the module was accessed.
2. **Training Documents Not Viewed Report:** This report lists participants and training modules they have not reviewed. It includes the time study participant's name, employee ID number, job type, job description, job code, email, and module name that were not accessed.

The following steps outline the process for accessing and using the summary reports.

Step 1: After logging into the RMTS system, click "Online Training" in the left navigation bar.

Step 2: Click "Training Summary" in the left navigation bar.

Administrative Claiming	Training Summary	
Online Training		Training Summary Reports
Online Training Materials		Training Documents Viewed Report
Training Summary		Training Documents Not Viewed Report
		Training Documents Viewed Without Certification Report

Step 3: Click on the name of the report to view or print.

Administrative Claiming	Training Summary		
Online Training	Training Documents Not Viewed Report		
Online Training Materials	State : CT-SBCH ▼	School District : ALL ▼	Name : ALL ▼
Training Summary	Start Date : <input type="text"/> ▼	End Date : <input type="text"/> ▼	Training Material : ALL ▼
View As Excel Back to Reports			

The “State” field will default to CT for Connecticut. The “School District” field will display your school district name.

Step 1: In the “Name” field, either select an individual participant from the drop-down list or choose “All” to view data for all RMTS participants.

Step 2: Enter “Start Date” and “End Date”.

Step 3: The “Training Material” lists all online trainings.

Step 4: Click “View as Excel”.

Time Study Participant Responsibilities and Instructions

The provider-specific lists of time study participants will be combined into three statewide pools. From these pools, participant moment(s) days and times will be randomly selected for completion. Each selected participant will receive a notification email at the time of his/her moment(s). The participant will answer four questions and certify his/her responses. If the moment remains unanswered, reminder emails will be sent four hours, 24 hours, and 28 hours after the selected moment is issued and 12 hours prior to the moment expiration. After two calendar days, the participant will no longer be able to enter or edit data for the selected moment.

Note: Requirements by the Centers for Medicare and Medicaid (CMS) state that participants, all school district staff, and their designated billing agents/vendors are not

allowed any advanced notification of moments. This includes a restriction on all RMTS reports so that future moments will not be available on any reports.

This section provides detailed instructions for the time study participant so they can successfully log in and complete the time study. Information includes:

- Obtaining User ID and password
- Reset/Forgot Password
- Entering and saving data
- Certifying data

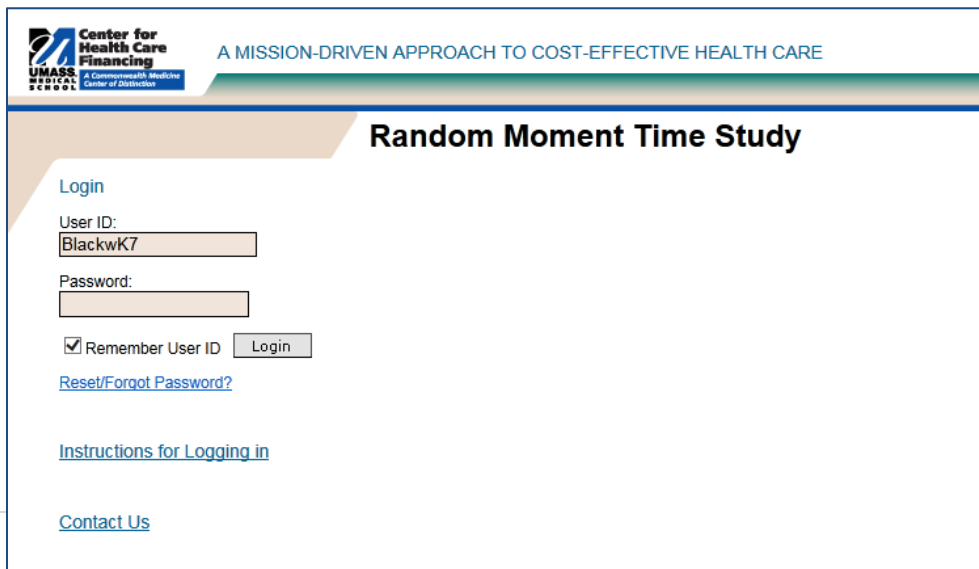
Obtaining User ID and Password

Step 1: An email will be sent from schoolbasedclaiming@umassmed.edu with a User ID, a temporary password, and a link to the UMMS RMTS website. *Note: Please save the email where you can retrieve it easily.*

Step 2: Click on the link provided in the email notification.

Step 3: When clicking on the link, the designated USER ID (consisting of composed of parts of the user's last and first name) will prepopulate in the User ID field. Note: The User ID is only prepopulated when the website link is used. If the link is not used, the user must type in his/her User ID.

Step 4: Type in or copy and paste the temporary password provided. Click "Login".



The screenshot shows the login interface for the Random Moment Time Study. At the top, there is a header with the Center for Health Care Financing logo and the text "A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE". Below this, the title "Random Moment Time Study" is prominently displayed. The login section includes a "Login" heading, a "User ID:" label with a text box containing "BlackwK7", a "Password:" label with an empty text box, a "Remember User ID" checkbox which is checked, and a "Login" button. Below the login fields are three links: "Reset/Forgot Password?", "Instructions for Logging in", and "Contact Us".

Step 5: Read the Non-UMMS User Data Access Agreement and check the box “accept the terms and conditions of this agreement”.

Create and enter a new password in the box to the right of “New Password”. Click “Clear” to clear the field and retype the password. Verify the password by entering it a second time in the box to the right of “Confirm Password”. Click “Save”.

Note: Passwords must be a minimum of eight characters, must contain at least one uppercase, one lowercase, and one numerical value. In addition, you cannot repeat previously used passwords.

Passwords will expire every 90 days, at which time the system will prompt the user to create a new one when logging in.

Change Password!

User Access Agreement

To enter and use this application for the first time, you must first **read** and **agree** to the Non-UMMS User Agreement below. Please check the "Accept Terms" checkbox below to enter the system.

Non-UMMS User Data Access Agreement

I acknowledge and agree that the security of UMMS computer systems and the privacy and security of the University of Massachusetts Medical School ("UMMS") electronic data is of utmost priority. As a condition of obtaining access to UMMS systems and/or electronic data, I agree that I will:

1. Access and use UMMS systems and electronic data only as authorized;
2. Not transmit or post any information utilizing the UMMS system that is unrelated to or beyond the scope of my permission to utilize the system for school-based claiming.
3. Keep confidential all information pertaining to the security of UMMS systems;
4. Treat confidentially all user IDs and passwords needed to gain access to UMMS systems or electronic data;
5. Not transmit personally identifiable or confidential UMMS data over open networks unless specifically authorized and unless encrypted;
6. Not attempt to access any data which is not necessary to achieve the purpose of my access authorization;
7. Not attempt to access the files of another UMMS user without clear authorization;
8. Not attempt to discover the password(s) of any other UMMS user by any means;
9. Not circumvent or attempt to circumvent any security mechanism or procedure applicable to UMMS systems or to UMMS electronic data;
10. Not use UMMS systems to gain unauthorized access to any other computer system, or for any other purpose not authorized by the University of Massachusetts Medical School.

☐ I accept the terms and conditions of this agreement.

::: Change Password

The following information is required for changing your password:

User ID :

HandyS12

The password must be a minimum of 8 characters in length, include both letters and numbers, and is case sensitive.

New Password :

Confirm Password :

Save

Clear

Cancel

Help

The time study page will then appear on the screen.

Reset/Forgot Password

If the participant has forgotten his/her password, he/she may reset their password using the login screen. To do this:

Step 1: Click on the “Reset/Forgot Password?” link underneath the User ID and password section.

Step 2: Provide the User ID and the email address that the RMTS system has on record. (Note: if your email address has changed, email UMMS at schoolbasedclaiming@umassmed.edu or call (800)535-6741, option 1 to update your information).

Step 3: Click “Reset.”

A message stating that the password has been successfully reset will appear on the screen. A system-generated email will be sent with the same User ID and a new temporary password.

Note: You must know your User ID to reset your password.

Failed Login

If an error was made when logging in, the system will display “Incorrect User ID or Password”. The participant may try again to enter his/her User ID and password. After three failed attempts, the system will suspend the password. Email UMMS at schoolbasedclaiming@umassmed.edu or call (800)535-6741, option 1 for assistance.

Notification and Recording of Moment

Step 1: The participant will receive an email from schoolbasedclaiming@umassmed.edu indicating the date and time of his/her moment. This email will be sent at the time of the moment.

Step 2: The participant will log in and click on the link for the moment.



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 UMASS MEDICAL SCHOOL
A Commonwealth Medicine Center of Distinction

RANDOM MOMENT TIME STUDY



Please enter your User ID and Password. If you don't have an account, contact your System Administrator.

User ID:

Password:
[Forgot Password](#)


Click [here](#) to read Non-UMMS User Data Access Agreement.

[Contact Us](#)

Click **Forgot Password** and follow the directions if you do not have your password.


Step 3: Your assigned moments are listed on the screen. Simply click on the moment you wish to answer:


Random Moment Time Study
School Based Claiming



Center for Health Care Financing
 UMASS MEDICAL SCHOOL
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RANDOM MOMENT TIME STUDY


Jennifer Poppy | Logout
School Psychologist, Claiming CT-SBCH: Abc Public Schools




Random Moment Time Study

Moments

▲ Answer a moment (12)

	Wed, Apr 20 2016 10:52 AM	Expires Fri, May 13 2016 12:09 PM
	Wed, Apr 20 2016 12:42 PM	Expires Fri, May 13 2016 12:09 PM
	Wed, Apr 20 2016 2:22 PM	Expires Fri, May 13 2016 12:09 PM
	Wed, Apr 20 2016 2:23 PM	Expires Fri, May 13 2016 12:09 PM
	Wed, Apr 20 2016 3:20 PM	Expires Fri, May 13 2016 12:09 PM
	Fri, Apr 22 2016 11:04 AM	Expires Fri, May 13 2016 12:09 PM
	Fri, Apr 22 2016 11:10 AM	Expires Fri, May 13 2016 12:09 PM
	Tue, Apr 26 2016 8:32 AM	Expires Fri, May 13 2016 12:09 PM
	Tue, Apr 26 2016 9:26 AM	Expires Fri, May 13 2016 12:09 PM
	Tue, Apr 26 2016 10:37 AM	Expires Fri, May 13 2016 12:09 PM
	Tue, Apr 26 2016 12:09 PM	Expires Fri, May 13 2016 12:09 PM
	Fri, Apr 29 2016 1:33 PM	Expires Fri, May 13 2016 1:33 PM

▼ Prior Moments (6)



Training

Welcome Jennifer Poppy, Your active moments are listed below. The grace period for completing or revising your activity is 2 school days from the Moment time. Please "click" the moment you wish to complete and answer the displayed questions. Thank you for your participation!

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741.

Step 4: The first question will be displayed. A list of possible answers appears below the question:

Answer Moment Questions

Wed, Apr 20 2016 10:52 AM Question 1 of 4

What type of activity were you doing?

- ☐ Providing or Documenting OT, PT, Speech, Audiology, Psych, Medical Evaluation, Counseling, Nursing, Personal Care Services or completing Medicaid billing
- ☐ Completing initial evaluations or re evaluations, including testing, assessment and related paperwork
- ☐ Educational Activities
- ☐ Meetings regarding the Medicaid/Husky program, health issues or Education issues including IEP meetings
- ☐ Training or Professional Development
- ☐ Referring, Coordinating or Monitoring services
- ☐ Outreach or Facilitating Application
- ☐ Arranging/Coordinating/Scheduling Transportation or Translation Services
- ☐ Program Planning, Policy Development, Interagency Coordination
- ☐ Not Working - such as sick time, lunch, or snow days
- ☐ Other Activities not listed above (please type your answer):

Previous Cancel Moment Next

Moment Questions

Q: What type of activity were you doing?
A:
Q: What were you doing?
A:
Q: Who were you with? Please do not use actual names.
A:
Q: Why were you performing this activity?
A:

Step 5: Click on your answer, then click “Next”.

Answer Moment Questions

Wed, Apr 20 2016 10:52 AM Question 1 of 4

What type of activity were you doing?

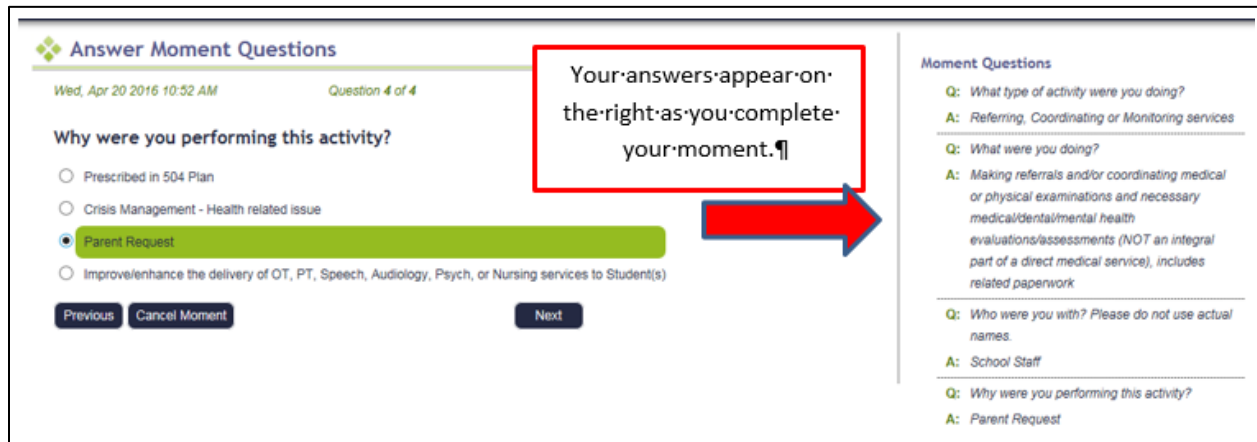
- ☐ Providing or Documenting OT, PT, Speech, Audiology, Psych, Medical Evaluation, Counseling, Nursing, Personal Care Services or completing Medicaid billing
- ☐ Completing initial evaluations or re evaluations, including testing, assessment and related paperwork
- ☐ Educational Activities
- ☐ Meetings regarding the Medicaid/Husky program, health issues or Education issues including IEP meetings
- ☐ Training or Professional Development
- ☒ Referring, Coordinating or Monitoring services
- ☐ Outreach or Facilitating Application
- ☐ Arranging/Coordinating/Scheduling Transportation or Translation Services
- ☐ Program Planning, Policy Development, Interagency Coordination
- ☐ Not Working - such as sick time, lunch, or snow days
- ☐ Other Activities not listed above (please type your answer):

Previous Cancel Moment Next

Moment Questions

Q: What type of activity were you doing?
A: Referring, Coordinating or Monitoring services
Q: What were you doing?
A:
Q: Who were you with? Please do not use actual names.
A:
Q: Why were you performing this activity?
A:

Step 6: Answers to prior questions are displayed to the right for your reference as you move from one question to the next to complete your moment.



Answer Moment Questions

Wed, Apr 20 2016 10:52 AM Question 4 of 4

Why were you performing this activity?

☐ Prescribed in 504 Plan

☐ Crisis Management - Health related issue

☒ Parent Request

☐ Improve/enhance the delivery of OT, PT, Speech, Audiology, Psych, or Nursing services to Student(s)

[Previous](#) [Cancel Moment](#) [Next](#)

Moment Questions


Q: What type of activity were you doing?
A: Referring, Coordinating or Monitoring services

Q: What were you doing?
A: Making referrals and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations/assessments (NOT an integral part of a direct medical service), includes related paperwork

Q: Who were you with? Please do not use actual names.
A: School Staff

Q: Why were you performing this activity?
A: Parent Request

Step 7: After answering the questions, review your answers, “Certify” that they are correct, then click ‘Submit’.

 **Review Your Answers**

Wed, Apr 20 2016 10:52 AM

Q: What type of activity were you doing?

A: Referring, Coordinating or Monitoring services

Q: What were you doing?

A: Making referrals and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations/assessments (NOT an integral part of a direct medical service), includes related paperwork

Q: Who were you with? Please do not use actual names.

A: School Staff

Q: Why were you performing this activity?

A: Parent Request

☒ I certify that the answers submitted are accurate and complete.

Previous

Cancel Moment

Submit

If you need to change your answers, select **Previous** to go back or select **Cancel Moment** to erase all of your answers.

Step 8: You will receive a confirmation number to confirm that your answers have been submitted.

Submitted Moment

Wed, Apr 20 2016 10:52 AM

✓ Submission Confirmation Number: CBE-CT-SBCH-2156242-17219

Q: What type of activity were you doing?

A: Referring, Coordinating or Monitoring services

Q: What were you doing?

A: Making referrals and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations/assessments (NOT an integral part of a direct medical service), includes related paperwork

Q: Who were you with? Please do not use actual names.

A: School Staff

Q: Why were you performing this activity?

A: Parent Request

☒ I certify that the answers submitted are accurate and complete.

Home

Click Home to return to your list of moment.

Step 9: From the “Home” screen, you can view prior moments by clicking on “Prior Moments” from the screen below:

Random Moment Time Study

Moments

▼ Answer a moment (11)

▲ Prior Moments (7)

Wed, Apr 20 2016 10:52 AM	✓ Answered	Expires	Fri, May 13 2016 12:09 PM
Thu, Apr 14 2016 8:58 AM	Not Answered	Expired	Mon, Apr 18 2016 8:58 AM
Thu, Mar 31 2016 1:40 PM	Not Answered	Expired	Mon, Apr 4 2016 1:40 PM
Thu, Mar 31 2016 12:14 PM	Not Answered	Expired	Mon, Apr 4 2016 12:14 PM
Wed, Mar 30 2016 2:46 PM	Not Answered	Expired	Fri, Apr 1 2016 2:46 PM
Tue, Mar 29 2016 10:55 AM	Not Answered	Expired	Thu, Mar 31 2016 10:55 AM
Fri, Dec 11 2015 1:37 PM	✓ Answered	Expired	Tue, Dec 15 2015 1:37 PM

Training

Welcome Jennifer Poppy, Your active moments are listed below. The grace period for completing or revising your activity is 2 school days from the Moment time. Please “click” the moment you wish to complete and answer the displayed questions. Thank you for your participation!

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741.

Click on the Prior Moments tab to expand this section and view prior moments.

Step 10: When you are finished answering moments, simply click on “Log Out” from the top right hand corner of the screen.



Step 11: If the participant does not complete the moment, email reminders will be sent automatically from schoolbasedclaiming@umassmed.edu.

Participation Requirements and Monitoring Compliance

Participation is crucial to the accuracy of the RMTS results. A statewide compliance rate of 85% per RMTS pool per quarter has been set by CMS. If the statewide participation rate is not met, a statewide penalty will be applied. The penalty is that non-reimbursable time will be added to the time-study results for all non-responses. This will negatively impact federal reimbursement for both Direct Service Claiming and the Administrative Cost Claim statewide. Throughout the quarter, DSS and UMMS will monitor compliance across the state. However, the district RMTS coordinator is required to monitor compliance for his/her district time study participants.

Every district who has a response rate lower than 85% in any RMTS pool in a given quarter will receive a notification letter from DSS. If compliance is not achieved and the statewide response rate does not reach 85% in a given quarter, school districts that received a warning notification letter will be notified that their reimbursement may be withheld until the district reaches the required compliance rate.

A series of management reports are available to monitor participation. All reports are real-time and are accessible by the district RMTS coordinator. Sample reports are provided in Appendix E. Each report is described on the following pages.

All moments have a status. This indicates where the moment is in the process. These statuses are displayed on multiple reports. The district RMTS coordinator should closely monitor any participants with a status of “incomplete” and follow up with such

participants prior to the end of the grace period. Below are the status terms used in the RMTS by UMMS.

Incomplete: The moment is in the future or the time study participant has not answered the question and the grace period has not ended.

Incomplete Expired: The time study participant has not answered the questions and the grace period is over.

Manual Incomplete: The time study participant answered the questions and a coder has not reviewed the answers.

Automapped: The time study participant has answered the questions and the system has assigned an activity code.

Pending 1, 2 & 3: The coder had reviewed the time study participant's answers but needs additional information to code the response accurately.

First Approval: One coder has reviewed the time study participant's answers and assigned an activity code to the moment and a second coder has not yet reviewed the assigned code.

Approved: The second coder has reviewed the time study participant's answers and approved the activity code assigned by the first coder.

Not Paid Time: The time study participant has indicated that he/she was not scheduled to work at the time of his/her moment.

RMTS On-Line Management Reports

1. RMTS Participant Moments Completed Report: This report lists details of moments the RMTS participant has completed. It allows the district RMTS coordinator to know which RMTS participants have successfully answered the questions for their assigned moment in a timely fashion. It includes the RMTS participant's name, employee ID number, job description, job code, email, school district, group, the date and time of the moment, the date and time of the end of the grace period, and the status of the moment.
2. RMTS Incomplete Moments Report: This report lists details of moments the RMTS participant has not completed. It allows the district RMTS coordinator to know which RMTS participants have not answered the questions for their

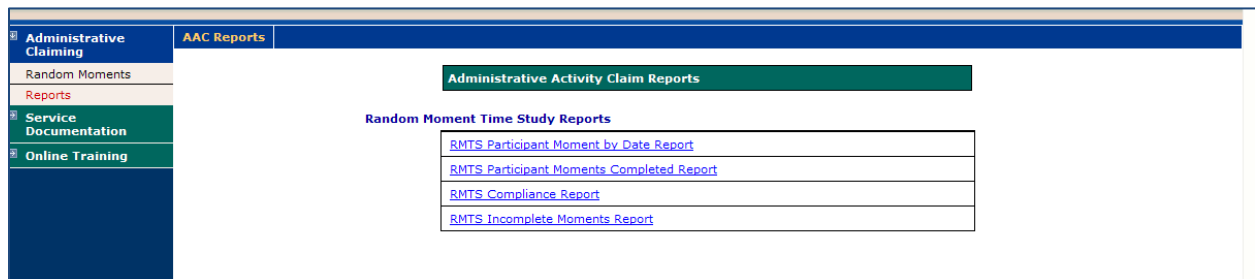
assigned moment in a timely fashion. It includes the RMTS participant's name, employee ID number, job description, job code, email, school district, group, the date and time of the moment, the date and time of the end of the grace period, and the status of the moment.

3. **RMTS Participation Compliance Status Report:** This report shows details of how many moments each RMTS pool has during the quarter and how many are completed. It allows district RMTS coordinators to monitor in aggregate how many moments have occurred, how many are completed, and the percentage of completed moments to total quarterly moments. For each RMTS pool it includes total number of moments for the quarter, number of moments occurred to date, number of moments completed to date, number of moments not completed and expired, number of moments not completed and not expired, number of moments completed to date/total number of moments for quarter.

The following steps outline the process for accessing and using the management reports:

Step 1: Click on “Reports” in the left navigation bar.

Step 2: Click on the name of the report to view or print.



Step 3: Complete the fields below. Then click “View as Excel”. *Note: the system defaults to the current quarter and year.*

Administrative Claiming Random Moments Reports Service Documentation Online Training	AAC Reports	
	RMTS Participant Moment by Date Report	
	State : MA	
	Year : 2014	Quarter : First Quarter Refresh
	School District : [Dropdown]	
	Job Position : ALL	School/Group : ALL
	*Start Date : [Date Picker]	*End Date : [Date Picker]
	% of Moments to be reviewed : [Text Input]	
	View As Excel Back to Reports	

Technical Notes/System Requirements

UMMS recommends that all computer operating systems and browser versions be supported by their software vendor. Each vendor's policy varies so it is important to keep current with the supported software.

Workstation Requirements

Operating Systems

Windows XP and newer

Macintosh

Web Browsers

Internet Explorer 5.0 – 11.0 with MS Windows HP, Windows 7, or Vista Note: RMTS Mobile and new UI require IE Version 9 or higher.

Safari 4.1 or Higher

Mozilla Firefox 2.3 or Higher; utilize all their automatic updates

Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE. Lifecycle policy and supported versions <http://support.microsoft.com/en-us/lifecycle/search?sort=PN&alpha=internet%20explorer>

Note: a Change in support will occur on January 12, 2016

<https://support.microsoft.com/en-us/gp/microsoft-internet-explorer>

Cookies

Workstations: Enable cookie in browser.

See "Instructions for Finding your Browser/Enabling Cookies"

Web Filters

Workstations should allow access to the following URL

Production Secure connection: <https://www.chcf.net/chcfweb/> and <https://cbe-rmts.chcf-umms.org/>

Email

Email should allow delivery from Schoolbasedclaiming@umassmed.edu in large quantities on a single day.

Instructions for Online Training Application

Flash Player is needed to run the instructions for online training program. The following link <http://www.adobe.com/software/flash/about/> has a connection to Player Download Center, which will walk you through the process of downloading the most recent version of Player. It takes about two minutes.

MP4 files can be opened with Windows Media Player, and other multi-format media players like VLC, QuickTime and more.

System Requirements

Operating Systems

Windows HP and newer
Macintosh

Web Browsers

Internet Explorer 9.0 or higher with MS Windows SP, Windows 7, or Vista.

Safari 4.1 or Higher

Mozilla Firefox 2.0 or Higher; utilize all their automatic updates

Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE.

Web Filters

Workstations should allow access to the following URL

Productuion Secure connection: <https://www.chcf.net/chcfweb/> and
<https://cbe-rmts.chcf-umms.org/>

Also, it should be noted that Internet Explorer when run in “Compatibility mode” can cause issues. This can be updated from the “Tools” menu, “Compatibility View Settings”.

Instructions for Finding Your Browser

Internet Explorer

1. Choose *Help* > About Internet Explorer
2. Find out Internet Explorer version

Safari

1. Choose *Help*
2. Find out Safari version

Mozilla Firefox

1. Choose *Help*
2. Find out Mozilla version

Instructions for Enabling Cookies

Internet Explorer 6-11

1. Choose *Tools* > *Internet Options*
2. Click the *Privacy* tab
3. Click the *Default* and choose *Medium level*

Internet Explorer 5

1. Choose *Tools > Internet Options*
2. Click on the *Security* Tab
3. Click *Internet*, then *Default Level*
4. Select *Medium Level*

Mozilla Firefox

1. Choose *Tools > Options*
2. Select *Privacy*
3. Click *Accept cookies from sites*

Download Internet Browser

Use the following websites to download a free copy of the latest browser.

Internet Explorer

www.microsoft.com/windows/ie/worldwide/ie6sp1downloads.asp

Apple's Safari Browser

www.apple.com/safari/download/

Mozilla Firefox

www.mozilla.com/en-US/products/firefox

Appendix A: RMTS Coordinator Designee Form

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
SBCH PROGRAM - REIMBURSEMENT AND CON
55 FARMINGTON AVENUE · HARTFORD, CT 06105-3725
Phone: 860-424-5695 Fax: 860-424-4812**

**School Based Medicaid Program
RMTS Coordinator Designee Information**

The purpose of this form is to identify the individual designated by the district to deliver information necessary for the administration of the following processes on behalf of the district. The district may only appoint one RMTS Coordinator. Billing Vendors may not be designated as primary contacts.

School District Information			
District Name:			
Provider Number:		NPI Number:	
Contact Name:		Contact Title:	
Contact Telephone #:		Contact Email:	
Contact Fax #:		Vendor Name:	

Please submit completed form to: CT Department of Social Services
Email: dss.sbch@ct.gov

AND

University of Massachusetts Medical School
Attn: CT SBCH Program
Fax: (508)856-7643
Email: schoolbasedclaiming@umassmed.edu

Appendix B: Provider Titles & Qualifications

Qualified Provider Title	Qualifications
Advanced Practice Registered Nurse (APRN)	Means a person licensed under section 20-94a of the Connecticut General Statutes
Alcohol and Drug Counselor	Means a person licensed or certified pursuant to section 20-74s of the Connecticut General Statutes
Assistant Behavior Analyst, Board Certified	Means a person who has been certified as an assistant behavior analyst by the Behavior Analyst Certification Board as provided in section 20-185(3) of the Connecticut General Statutes
Audiologist	Means a person licensed to practice audiology pursuant to section 20-395c of the Connecticut General Statutes
Audiology Assistant	Has the same meaning as provided in section 20-395c of the Connecticut General Statutes
Behavior Analyst, Board Certified	Means a person who has been certified as a behavior analyst by the Behavior Analyst Certification board as provided in section 20-185i(2) of the Connecticut General Statutes
Behavior Technician	Means a person with a bachelor's degree in a behavioral health field, behavior analysis or related field, plus one year of full-time equivalent providing ASD treatment services, or have an associate's degree in a behavioral health field, behavior analysis or related field, plus two years of full-time equivalent providing ASD treatment services
Clinical Psychologist	Means a person licensed pursuant to section 20-188 of the Connecticut General Statutes
Licensed Clinical Social Worker (LCSW)	Means a person licensed pursuant to section 20-195n of the Connecticut General Statutes
Licensed Hearing Instrument Specialist	Has the same meaning as provided in section 20-396 of the Connecticut General Statutes
Licensed Practical Nurse (LPN)	Means a person licensed pursuant to section 20-96 of the Connecticut General Statutes
Licensed Professional Counselor	Means a person licensed pursuant to section 20-195dd of the Connecticut General Statutes
Licensed Speech and Language Pathologist	Has the same meaning as provided in section 20-408 and 20-410 of the Connecticut General Statutes
Marital and Family Therapist	Means a person licensed pursuant to section 20-105c of the Connecticut General Statutes
Naturopathic Physician	Means a person licensed pursuant to section 20-37 of the Connecticut General Statutes
Occupational Therapist	Means an individual licensed pursuant to section 20-74b or section 20-74c of the Connecticut General Statutes

Occupational Therapy Assistant	Has the same meaning as provided in section 20-74a of the Connecticut General Statutes
Optometrist	Means a person licensed pursuant to Chapter 380 of the Connecticut General Statutes to practice optometry as delineated in subsection (1)(1) and (2) of the section 20-127 of the Connecticut General Statutes
Personal Care Assistant	Means a person performing activities of daily living or instrumental activities of daily living, as defined in 42.CFR.440.167
Physical Therapist	Means a person licensed pursuant to 20-70 and 20-71 of the Connecticut General Statutes
Physical Therapy Assistant	Has the same meaning as provided in section 20-66 of the Connecticut General Statutes
Physician	Means a person licensed pursuant to section 20-13 of the Connecticut General Statutes
Physician Assistant	Means a person licensed pursuant to section 20-12b of the Connecticut General Statutes
Respiratory Care Practitioner	Has the same meaning as provided in 20-162n of the Connecticut General Statutes
Registered Nurse (RN)	Means a person licensed to practice nursing pursuant to subsection (a) of section 20-87a of the Connecticut General Statutes
School Counselor (includes previously Certified Guidance Counselors)	Means a person certified by the State Department of Education pursuant to 10-145d-556 to 10-145d-558, inclusive, of the Regulations of Connecticut State Agencies
School Marriage and Family Therapist	Means a person certified by the State Department of Education pursuant to 10-145d-556b to 10-145d-566f, inclusive, of the Regulations of Connecticut State Agencies
School Nurse	Means a person certified by the State Department of Education pursuant to sections 10-145d-548 to 10-145d-550, inclusive, of the Regulations of Connecticut State Agencies
School Psychologist	Means a person certified by the State Department of Education pursuant to sections 10-145d-560 to 10-145d-562, inclusive, of the Regulations of Connecticut State Agencies
School Social Worker	Means a person certified by the State Department of Education pursuant to section 10-145d-564 to 10-145d-566, inclusive, of the Regulations of Connecticut State Agencies
Speech and Language Pathologist Assistant	Means a person providing assistance to a speech and language pathologist pursuant to subsection (5) of section 20-413 of the Connecticut General Statutes

Appendix C: Quick Guide to Uploading RMTS Participants (to be updated in August 2016)

Uploading RMTS Participants - Quarterly

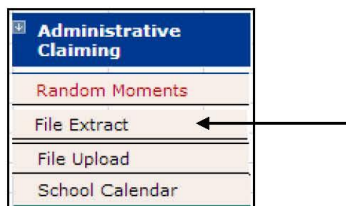
This guide will describe how to extract the RMTS participant list file from the system, create an upload file and then upload that file into the system. This must be completed on a quarterly basis.

Extracting Files

Log into the site: www.chcf.net and enter your User ID and password. If you do not have a User ID, please call 1-800- 535-6741.

When you extract a file from the system it will give you a list of all the active time study participants from the quarter you want to upload. For example, you will pull the extract for 2nd Q FY 16 because that is the quarter you want to upload your file into. You will update the file to reflect any changes you need to make for 2nd Q FY 16.

Step 1: Under “Administrative Claiming” on the left navigation menu, select “File Extract.”



Step 2: Your School District should pre-populate (if you are a vendor, you will see all the schools you manage), use the drop down arrow and select “Year” and “Quarter.” An Excel file containing the RMTS participants will download. Remember to choose the Year and Quarter in the future that you will be working on. Year is ‘fiscal year’ not calendar year, so the quarter 10/1/15 – 12/31/15 is the Second Quarter of Fiscal Year 2016.

Step 3: Click “Submit.” The file containing your school district’s RMTS participants will download to your computer. You may directly open the file or you may save it in Excel on your computer.

Creating Upload Files

Use the extracted file as a template which you need to update with any changes for the next quarter. It is important that all the necessary data elements are completely filled in for each participant. If you are adding a new participant that has never been in the system, you can either assign them a ‘true’ Employee ID, if you use them, or you can leave the Employee ID blank (column A) and the system will assign one. Anyone who will not participate in the next time study should simply be removed from the file. When you are adding job descriptions, use the “CT-SBCH Job Descriptions” handout. Copy/paste the titles into the RMTS participant file. This will ensure proper spacing and accuracy.

	A	B	C	D	E	F	G	H	I	J	K	L
	Employee ID	Last Name	First Name	Email Address	Job Description	Active Y or N	Fed Fund %	School/Group	Supervisor Email #1	Supervisor Email #2	Supervisor or Email #3	Actual Job Title
1	UMMS234	Daffodil	Dana	daffodil@email test	Medicaid Coordinator/Clerk	Y	0	Group 1	super2@email			
2	UMMS235	Daisy	Daria	daisy@email test	School Counselor, Admin only	Y	0	Group 2	super1@email	mikey@email		
3	UMMS236	Pansy	Patty	pansy@email test	School Nurse	Y	0	Group 3	super1@email			

Newly Added: Actual Job Title; this is a required field. Please write in the actual job title the time study participant uses in the school

Once all the changes have been made, save the file to your computer. When saving the file you **MUST** use the following naming convention so that it can be uploaded into the system:

HP_TS_State_SD PROVIDER NUMBER_Qtr_Year_file#.xls

Example Decoded:

The file in the above example is for HP (health personnel), for the TS (time study) _ in CT-SBCH_ with a Provider number of 001123456 (for the ABC School District) _ for the 2nd quarter _ 2016_01 (first upload). Below is how it should be saved for proper upload:

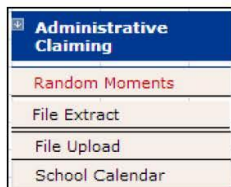
HP_TS_CT-SBCH_001123456_2_2016_01

You must include the underscore spaces, 01 (for the first upload) the system will automatically add xls or xlr.

Uploading Files

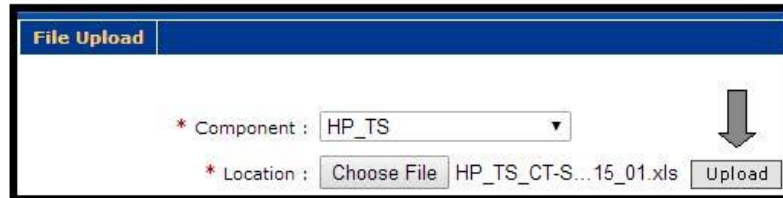
Files must be uploaded approximately 20 days prior to the start of each quarter, even if you have no changes from the current quarter. This enables UMMS to track and ensure the participant data for the entire state is ready to go for quarterly moment generation.

Step 1: Under the “Administrative Claiming” on the left navigation menu, select “File Upload.”



Step 2: The “Component” will pre-populate to ‘HP_TS’.
Click “Choose File” to find the file you worked on. Select the file, and then click “Open.” Your file will show next to the “Choose File” button, as seen in the example below.

Note: The file must follow the naming convention described on the previous page.

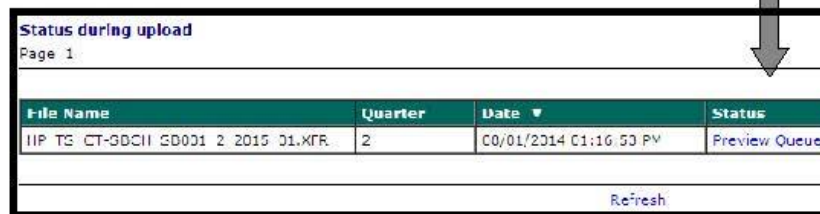


File Upload

* Component : HP_TS

* Location : Choose File HP_TS_CT-S...15_01.xls Upload

Step 3: Click “Upload.” The file will show up on the list of files on the bottom section of the screen. The upload process takes a little bit of time, so you may click “Refresh” after a few minutes for the file status to change.



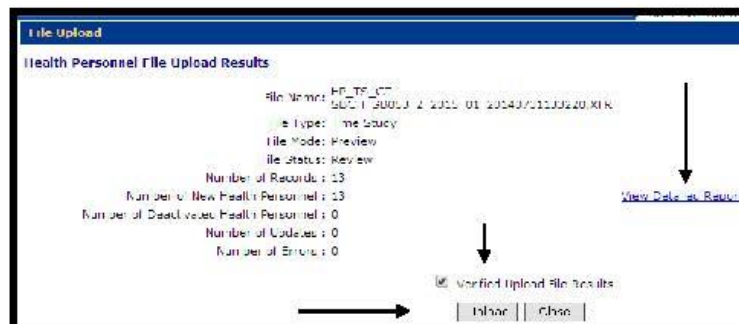
Status during upload

Page 1

File Name	Quarter	Date	Status
HP_TS_CT-SBCB SD001 2 2015 01.XLS	2	00/01/2014 01:16:53 PM	Preview Queue

Refresh

Step 4: When the status changes from “Preview Queue” to “Review”, click on “Review”. This will open up the Health Personnel File Upload Results. Click on the active link(s) called “Viewed Detailed Report.” Each report will give you details on the file you uploaded. See an example below.



File Upload

Health Personnel File Upload Results

File Name: HP_TS_CT-SBCB SD001 2 2015 01 201407110920.XLS

File Type: Time Study

File Mode: Preview

File Status: Review

Number of Records : 13

Number of New Health Personnel : 13

Number of Deactivated Health Personnel : 0

Number of Updates : 0

Number of Errors : 0

[View Detailed Report](#)

Verified Upload File Details

Close

Step 5: Review all the reports that have a “View Detailed Report” link. This may include the New Health Personnel, Deactivated Health Personnel, Updates and Error reports. Once

all data has been verified to be correct, check the “Verified Upload File Results” box and upload the file.

Note: To confirm you are ready to upload the file, you must click the box in front of the ‘Verified Upload File Results.’ If any file is not uploaded this will exclude your staff from being part of the RMTS pool of participants. Participants who are NOT listed on the upload file will be deactivated for the upcoming quarter.

Step 6: When the file is submitted and uploaded, the status will change to “Successful” when completed. At this point, all changes and additions will be made in the system. You may review the detailed reports at any time by clicking “Successful” and “View Detailed Report.”

Note: If the file ‘Errors’, click on the Error link. The report will show you the issues that caused the file to fail. You must fix the problems in the file that caused it to error. Then delete the Error file by checking the box under “Delete.” Then start the upload process again.

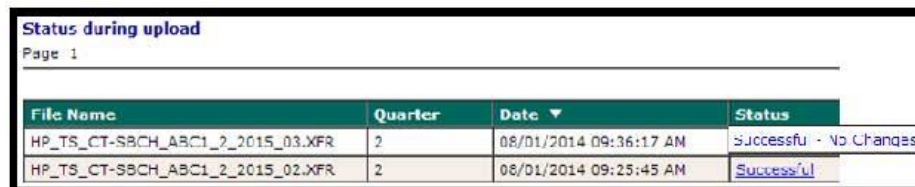


Status during upload
Page 1

File Name	Quarter	Date ▼	Status	
HP_TS_CT-SBCH_SB001_2_2015_01.XFR	2	07/31/2014 02:37:27 PM	Error	Delete

[Refresh](#)

Note: Remember, you must upload the file, even if there are no changes. Any files that are uploaded that have no changes will read “Successful – no changes”. If a file has been uploaded and you wish to make changes after it has been uploaded, refer to the naming convention rules on page 2.



Status during upload
Page 1

File Name	Quarter	Date ▼	Status
HP_TS_CT-SBCH_ABC1_2_2015_03.XFR	2	08/01/2014 09:36:17 AM	Successful - No Changes
HP_TS_CT-SBCH_ABC1_2_2015_02.XFR	2	08/01/2014 09:25:45 AM	Successful

Helpful Tip: When you have completed your upload and your file status says ‘Successful,’ return to the ‘File Extract’ page and download a new list of your RMTS participants. This file should now exactly match your upload file, including removal of any staff, addition of new staff and changes to existing staff information.

Please call 800-535-6741 or email UMASS if you are having any trouble uploading the file.
Schoolbasedclaiming@umassmed.edu

Appendix D: On-Line Training Reports

These reports can be found under the On-line training tab, Training Summary.

Training Documents Viewed Report

Training Documents Viewed Report

State: CT-SBCH
School District: ABC School District
Name: ALL
Training Document: ALL
Run Date: 05/24/2016
Run Time: 01:44 PM ET
Date Range: 10/01/2015 to 06/30/2016

School District	Last Name	First Name	Employee Id	Job Type	Job Description	Email Address	Training Material Title	Date Accessed
ABC School District	Smith	Brenda	UMMS16917	Employee	Occupational Therapist, Claiming	bsmith@abc.com	SBCH RMTS Participant Training	05/24/2016
ABC School District	Smith	Anna	UMMS22527	Employee	School Social Worker, Claiming	asmith@abc.com	SBCH RMTS Participant Training	11/06/2015
ABC School District	Smith	Tara	UMMS63626	Employee	Speech & Language Pathologist Assistant, Claiming	tsmith@abc.com	SBCH RMTS Participant Training	04/28/2016
ABC School District	Smith	Sheila	UMMS27273	Employee	School Social Worker, Claiming	ssmith@abc.com	SBCH RMTS Participant Training	03/15/2016
ABC School District	Smith	Will	UMMS16913	Employee	Licensed Speech and Language Pathologist, Claiming	wsmith@abc.com	SBCH RMTS Participant Training	10/20/2015

Training Documents Not Viewed Report

Training Documents Not Viewed Report

State: CT-SBCH
School District: Ansonia Public Schools
Name: ALL
Training Document: ALL
Run Date: 05/25/2016
Run Time: 08:54 AM ET
Date Range: 10/01/2015 to 06/30/2016

School District	Last Name	First Name	Email Address	Training Material Title
	Audette	Emily	emily.audette@umassmed.edu	SBCH RMTS Participant Training
	Blackwood	Kathleen	kathleen.blackwood@ct.gov	SBCH RMTS Participant Training
	Pender	Krista	Krista.Pender@ct.gov	SBCH RMTS Participant Training

Appendix E: On-line RMTS Management Reports

RMTS Participant Moments Completed Report

RMTS Participant Moments Completed Report Run Date: 05/25/2016 Run Time: 08:59 AM ET State: CT-SBCH School District: ABC School District Job Position: ALL School: All Year: 2016 Quarter: 4									
Name	Emp ID	Job Desc	Job Code	School	Moment Date	End of Grace Period	Email	Status	
Smith, Michael	UMMS16925	Special Education Director, Administrator or Assistant	1	Admin 1	04/01/2016 08:17 AM	04/05/2016 08:17 AM	msmith@abc.com	Auto Mapped	
Smith, William	UMMS63624	Special Education Director, Administrator or Assistant	1	Admin 1	04/01/2016 12:51 PM	04/05/2016 12:51 PM	Wsmith@abc.com	Not Paid Time	
Smith, Diane	UMMS27271	Speech & Language Pathologist Assistant, Claiming	3	Middle School	04/05/2016 08:50 AM	04/07/2016 08:50 AM	dsmith@abc.com	First Approval	
Smith, Heather	UMMS63623	Speech & Language Pathologist Assistant, Claiming	3	High School	04/06/2016 08:40 AM	04/11/2016 08:40 AM	hsmith@abc.com	Auto Mapped	

RMTS Incomplete Moments Report

RMTS Participant Moment Not Completed Report Run Date: 05/25/2016 Run Time: 09:04 AM ET State: CT-SBCH School District: ABC School District Job Position: ALL School: All Year: 2016 Quarter: 4 Date:									
Name	Emp ID	Job Desc	Job Code	School	Moment Date	End of Grace Period	Email	Status	
Smith, Dave	UMMS63626	Speech & Language Pathologist Assistant, Claiming	3	Middle School	05/12/2016 12:59 PM	05/17/2016 12:59 PM	dsmith@abc.com	Incomplete Expired	
Smith, Heather	UMMS63626	Speech & Language Pathologist Assistant, Claiming	3	High School	05/17/2016 10:34 AM	05/19/2016 10:34 AM	hsmith@abc.com	Incomplete Expired	

RMTS Participation Compliance Status Report

CT-SBCH RMTS Participation Compliance Status Report

Run Date: 05/25/2016

Run Time: 09:09 AM ET

State: CT-SBCH

School District: ABC School D

Year: 2016

Quarter: 4

Job Code: 1

Total Number of Moments for quarter: 25

Number of Moments occurred to date: 16

Number of Moments completed to date: 16

Number of Moments "Left/LOA" for quarter: 0

Number of Moments "Left/LOA" to date: 0

Number of Moments not completed and expired: 0

Number of Moments not completed and not expired: 9

Compliance Tracking To Date:

(Number of Moments Completed to date) / (Number of moments Occurred to Date - "Left/LOA" to date): 100 %

End of Quarter Compliance Rate:

(Number of Moments completed to date) / (Total Number of Moments for quarter - Number of Moments "Left/LOA" for quarter): 64 %

Job Code: 2

Total Number of Moments for quarter: 9

Number of Moments occurred to date: 7

Number of Moments completed to date: 7

Number of Moments "Left/LOA" for quarter: 0

Number of Moments "Left/LOA" to date: 0

Number of Moments not completed and expired: 0

Number of Moments not completed and not expired: 2

Compliance Tracking To Date:

(Number of Moments Completed to date) / (Number of moments Occurred to Date - "Left/LOA" to date): 100 %

End of Quarter Compliance Rate:

(Number of Moments completed to date) / (Total Number of Moments for quarter - Number of Moments "Left/LOA" for quarter): 77.78 %

Job Code: 3

Total Number of Moments for quarter: 18

Number of Moments occurred to date: 17

Number of Moments completed to date: 15

Number of Moments "Left/LOA" for quarter: 0

Number of Moments "Left/LOA" to date: 0

Number of Moments not completed and expired: 2

Number of Moments not completed and not expired: 1

Compliance Tracking To Date:

(Number of Moments Completed to date) / (Number of moments Occurred to Date - "Left/LOA" to date): 88.24 %

End of Quarter Compliance Rate:

(Number of Moments completed to date) / (Total Number of Moments for quarter - Number of Moments "Left/LOA" for quarter): 83.33 %